



BOYLSTON MUNICIPAL LIGHT DEPARTMENT

16 Paul X Tivnan Drive, P.O. Box 753 • Boylston, MA 01505 • Tel. 508-869-2626 • Fax 508-869-6130

Application for Employment

Applications for employment are considered without regard to race, color, religion, sex, protected sexual orientation, marital status, veteran's status, national origin, ancestry, age, genetic information or handicap. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

(Please Print)

Date of application _____

Position applied for: _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in

Other _____

Name _____
Last First Middle

Address _____
Number Street PO Box City/Town State Zip Code

Phone # _____

If employed and under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date _____

Are you related to or do you know anyone who works here or has worked here?

If yes, please provide their name: _____

Are you employed now? ☐ Yes ☐ No

May we contact your employer? ☐ Yes ☐ No

Do you have a legal right to work in the United States? ☐ Yes ☐ No

(According to federal law, work authorization documentation will be required upon employment)

On what date would you be available to work? _____

Are you available to work ☐ Full time ☐ Part time ☐ Over Time

Are you on a lay-off and subject to recall? ☐ Yes ☐ No



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Can you travel if a job requires it? ☐ Yes ☐ No

Veteran of the U.S. military service? ☐ Yes ☐ No

If yes, Branch _____

Please describe any special skills or training acquired while in service

References:

Please give the name, address, and telephone number of three (3) references who are not related to you and not previous employers.

Employment History:

Employer:	Dates Employed From - To	Work Performed
Address		
Job Title		
Supervisor		
Reason for leaving		
Employer:	Dates Employed From - To	Work Performed
Address		
Job Title		
Supervisor		
Reason for leaving		



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Please outline Special Skills and Qualifications acquired from employment or other experience:

Education:

	Elementary	High	College/University	Graduate/Professional
Name of school				
Years completed (circle)	8th	9 10 11 12	1 2 3 4	1 2 3 4
Diploma - Degree				
Course of Study				
Describe Specialized Training, Apprenticeship, Skills				



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Important: Please read carefully.

Applicants are required to fill out all sections of this Application of Employment. Substitution of a resume in place of completing the application will not be reviewed as complete and the applicant will not be considered for a position.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.

Agreement: I certify that the information on this application is true, complete and correct. I authorize the Town of Boylston Municipal Light Department Manager to investigate my past employment, education and activities, and I release from all liability all persons, companies/organizations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

I also acknowledge by my signature below, that any offer of employment that may be made to me is subject to satisfactory completion of a physical examination and drug screening (as necessary), driver history and criminal offender record information.

Signature of applicant

Date



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Applicant Data Record Affirmative Action Survey

As employers/government contractors, we comply with government regulations and affirmative action responsibilities:

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment,

Please print:

Date: _____

Government agencies require periodic reports on sex, ethnicity, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check One: ☐ Male ☐ Female

Check one of the following:

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic

☐ American Indian / Alaskan Native ☐ Asian / Pacific Island

Check if any of the following are applicable:

☐ Disabled Veteran ☐ Vietnam Era Veteran ☐ Handicapped Individual



Town of Boylston
221 MAIN STREET
BOYLSTON, MA01505

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Town of Boylston, MA is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Town of Boylston, MA to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Town of Boylston, MA written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Boylston, MA may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that The Town of Boylston, MA must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

* Date of Birth

Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: ____ Height: ft. in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Name

Father's Full Name

Mother's Maiden Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee